



**STATE OF NEW HAMPSHIRE**  
**Statement of Receipts and Expenditures**  
**6-Month Report**  
**for CANDIDATE COMMITTEES, POLITICAL**  
**COMMITTEES AND POLITICAL ADVOCACY ORGANIZATIONS**  
**After 2020 General Election**

I, \_\_\_\_\_ Chairperson, and I, \_\_\_\_\_  
(print name) (print name)

Treasurer of the \_\_\_\_\_

Committee, located at \_\_\_\_\_  
(mailing address) (town/city) (state) (zip code)

which was registered for the 2020 Election Cycle, do submit the following report of receipts and expenditures.

**6 - MONTH REPORT OF RECEIPTS AND EXPENDITURE AFTER 2020 GENERAL ELECTION**

Date of Report: May 3, 2021  November 3, 2021   
May 3, 2022  November 3, 2022

SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE
<b>RECEIPTS</b>		
A. Total amount of receipts over \$50	\$	\$
B. Total amount of receipts unitemized (\$50 or less)	\$	\$
C. Number of Contributors		
D. Number of unitemized receipts (\$50 or less)		
E. Subtotal of non-monetary (in-kind) receipts	\$	\$
F. Subtotal of monetary receipts ( A + B - E)	\$	\$
G. Total Surplus/Deficit from previous campaign	\$	
<b>TOTAL RECEIPTS (E + F + G)</b>	<b>\$</b>	

<b>EXPENDITURES</b>		
H. Total amount of expenditures (excluding Ind. Exp. of \$1,000 or more)	\$	\$
I. Total amount of Independent Expenditures \$1,000 or more	\$	\$
J. Number of Independent Expenditures \$1,000 or more		
<b>TOTAL EXPENDITURES ( H + I)</b>	<b>\$</b>	<b>\$</b>
<b>PENDING EXPENDITURES - Promise of Payment</b>	<b>\$</b>	<b>\$</b>
<b>BALANCE (Total Receipts minus Total Expenditures)</b>	<b>\$</b>	<b>\$</b>

If your balance is \$0.00 - is this your final report?

RSA 664:6, 7. Any candidate or political committee which has any outstanding debt, obligation or surplus following the election shall file reports at least once every 6 months thereafter until the obligation or indebtedness is entirely satisfied or surplus deleted, at which time a final report shall be filed.

\_\_\_\_\_  
Signature of Chairperson

\_\_\_\_\_  
Signature of Treasurer

*Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301*

*Phone: 603-271-3242 -- Fax: 603-271-6316 -- <http://sos.nh.gov>*

**ITEMIZED RECEIPTS**

Reporting period ending \_\_\_\_\_ 20\_\_

Full Name of Contributor (Alphabetical Order)	Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date	If contribution <b>or aggregate contribution</b> is over \$200 list: Occupation and Place of Business

Total of receipts unitemized (**\$50 or under**) in this report \$ \_\_\_\_\_

**ITEMIZED EXPENDITURES**

*\*\*\*Indicate to which election expenditure applies*

Paid to Whom	Post Office Address	Amount of Expense	Date Expended	***Primary/General	Nature of Expenditure
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	

\*List occupation and place of business if total exceeds \$100 for primary **or** general election. RSA 664:6, I.